## **Trillium Skin Care & Medical Aesthetics:**

## **B12 Injections Informed Consent**

Patients name:	Date:
Vitamin B-12 helps maintain good health and has been shown to be beneficious diovascular health, and maintain a good body weight. It can also assist the	
is necessary for healthy skin and eyes.	
B12 Injections are better absorbed by the body since they go directly into t	he blood stream. Alternatives to B12 injections are Oral Vitamins,
B12 Patch, Lozenges, Liquid drops and Nasal Spray	
B12 Injections common side effects include but are not limited to:	
• Risks: I understand there is risk of mild diarrhea, upset stomach, nause	a, a feeling of pain and a warm sensation at the site of the injection,
a feeling, or a sense, of being swollen over the entire body, headache as	nd joint pain
• If any of these side effects become severe or troublesome I will contact	t my physician immediately
• I understand that although rare Vitamin B12 injections can result in ser	rious side effects. Although this is a relatively rare occurrence,
anyone taking vitamin B12 injections should be aware of the possibility	y. Uncommon side effects are much more serious than the common
side effects of B12 injections, and such side effects should be reported	to a physician to be evaluated for seriousness. Uncommon and
dangerous side effects include:	
rapid heartbeat	
chest pain or tightness	
• flushed face	
<ul> <li>muscle cramps and weakness</li> </ul>	
difficulty breathing and swallowing	
• dizziness	
• hives, skin rashes	
Before starting vitamin B12 injections I will make sure to tell my Injections	etor if I am pregnant, lactating or have any of the
following conditions.	
Kidney or Liver disease	
An infection	
Iron deficiency / Folic Acid Deficiency	
Receiving any treatment that has an effect on bone marrow	
• An allergy to cobalt or any other medication, vitamin, dye, food o	r preservative
• I understand that certain herbal products, vitamins, minerals, nutritional	al supplements, prescription and non prescription
medications may result in side effects when they interact with the B12	Injection.
• Treatments: Can be once a month, Once a week, Twice a week and wil	l be determined by the provider.
By signing below, I acknowledge that I have read the foregoing informed of	consent and agree to the treatment with its associated risks. I hereby
give consent to perform this and all subsequent B12 Injections with the about	ove understood. I hereby release the doctor, the person injecting the
B12 and the facility from liability associated with this procedure.	
Patient Signature:	Date:
Injectors Signature:	Date:

Medical Director Signature:\_\_\_\_\_\_ Date: \_\_\_\_\_